

St Andrew by the Sea Catholic Church

Baptismal Registration Form

REQUIRED:

Attach Copy of Birth Certificate

Full Name of Child: _____

Place of Birth: _____ Date of Birth _____

City

State

Father's Full Name _____ Phone: _____ Religion _____

First

Middle

Last

Mother's Name: _____ Maiden: _____ Phone: _____ Religion _____

First

Middle

Address of Child's Parents: _____

Father's Email: _____ Mother's Email: _____

Parents are members of what parish & location: _____

1) Godparent Name: _____ Age: _____ Religion _____

Address: _____ City: _____ State: _____

Phone #: _____ Parish Registered: _____

(If not registered at St Andrew Certification Required)
See form attached

Does godparent have the following Sacraments?

a) Baptism: ___ Yes ___ No

b) 1st Communion: ___ Yes ___ No

c) Confirmation: ___ Yes ___ No

Is godparent presently practicing their Catholic faith? ___ Yes ___ No

If married, is godparent married by Church law? ___ Yes ___ No

2) Godparent Name: _____ Age: _____ Religion _____

Address: _____ City: _____ State: _____

Phone #: _____ Parish Registered: _____

(If not registered at St Andrew Certification Required)
See form attached

Does godparent have the following Sacraments?

a) Baptism: ___ Yes ___ No

b) 1st Communion: ___ Yes ___ No

c) Confirmation: ___ Yes ___ No

Is godparent presently practicing their Catholic faith? ___ Yes ___ No

If married, is godparent married by Church law? ___ Yes ___ No

Instructor: _____ Date of Baptism: _____

Date of Instruction: _____ Letter of Permission Needed: ___ Yes ___ No